

Local Educational Agency (LEA) Medi-Cal Billing Option Program

2012 Provider Participation Agreement (PPA) Annual Report (AR) Training

Training Goals

At the end of today's training, participants will understand:

- How to access available LEA Program resources
- LEA provider participation process and requirements
- How to complete the Provider Participation Agreement (PPA)/Annual Report (AR) correctly
- Medi-Cal eligibility requests and tape match requirements for LEA participants
- Resubmission process for the 09-10 FY CRCS

LEA Resources

➤ LEA Program Website

- <http://www.dhcs.ca.gov/provgovpart/pages/lea.aspx>

➤ LEA Program Website Subscription Notice

- <http://apps.dhcs.ca.gov/listssubscribe/default.aspx?list=DHCSLEA>

➤ LEA Program Policy or General Questions

- Email: LEA@dhcs.ca.gov

➤ A&I LEA CRCS Website

- <http://www.dhcs.ca.gov/individuals/Pages/lea.aspx>

➤ LEA CRCS Questions

- Email: LEA.CRCS.Questions@dhcs.ca.gov

➤ LEA CRCS Submissions

- Email: LEA.CRCS.Submissions@dhcs.ca.gov

LEA Resources

- LEA Participation Agreement/Provider Enrollment Questions
 - DHCS Provider Enrollment: (916) 323-1945
 - Email: PEDCorr@dhcs.ca.gov
 - CDE Healthy Start: (916) 319-0914

- LEA Reinvestment Questions
 - CDE, Healthy Start: (916) 319-0284

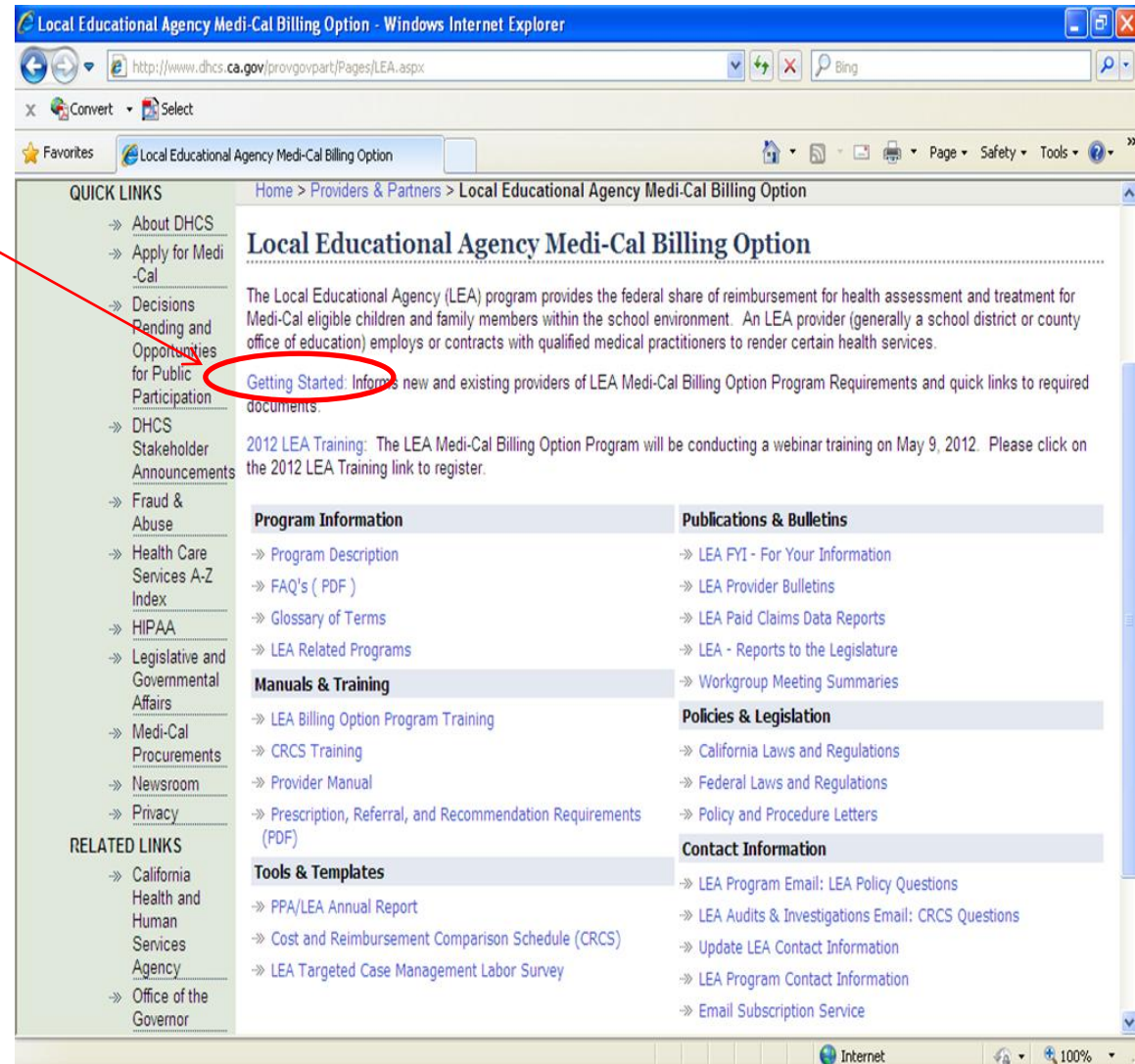
- LEA Eligibility Match Questions
 - DHCS Information Technology Services Division: (916) 440-7253 (916) 440-7250

- LEA Billing Questions
 - DHCS Fiscal Intermediary: 1 (800) 541-5555

LEA Enrollment Process

LEAs who would like to participate in the LEA Medi-Cal Billing Option Program must:

- Go to the “Getting Started” link on the LEA website
 - Submit an LEA Provider Participation Agreement (PPA) to CDE,
 - Submit a Biller Application Agreement (Form 6153) to HP/ACS, and
 - Submit a Payment Receiver Agreement (Form 6246) to Medi-Cal Fiscal Intermediary.
- These forms and submission instructions are located on the LEA website at:
<http://www.dhcs.ca.gov/provgovpart/Pages/LEA.aspx>



Local Educational Agency Medi-Cal Billing Option Website

<http://www.dhcs.ca.gov/provgovpart/Pages/LEA.aspx>

The screenshot shows the website interface with the following content:

- QUICK LINKS**
 - About DHCS
 - Apply for Medi-Cal
 - Decisions Pending and Opportunities for Public Participation
 - DHCS Stakeholder Announcements
 - Fraud & Abuse
 - Health Care Services A-Z Index
 - HIPAA
 - Legislative and Governmental Affairs
 - Medi-Cal Procurements
 - Newsroom
 - Privacy
- RELATED LINKS**
 - California
 - Human Services Agency
 - Office of the Governor
- Program Information**
 - Program Description
 - FAQ's (PDF)
 - Glossary of Terms
 - LEA Related Programs
- Manuals & Training**
 - LEA Billing Option Program Training
 - CRCS Training
 - Provider Manual
 - Prescription, Referral, and Recommendation Requirements (PDF)
- Tools & Templates**
 - PPA/LEA Annual Report
 - Cost and Reimbursement Comparison Schedule (CRCS)
 - LEA Targeted Case Management Labor Survey
- Publications & Bulletins**
 - LEA FYI - For Your Information
 - LEA Provider Bulletins
 - LEA Paid Claims Data Reports
 - LEA - Reports to the Legislature
 - Workgroup Meeting Summaries
- Policies & Legislation**
 - California Laws and Regulations
 - Federal Laws and Regulations
 - Policy and Procedure Letters
- Contact Information**
 - LEA Program Email: LEA Policy Questions
 - LEA Audits & Investigations Email: CRCS Quest
 - Update LEA Contact Information
 - LEA Program Contact Information
 - Email Subscription Service

Program updates

Policy and Procedure Letters (PPL)

To receive program updates and information, sign up for the email subscription service.

Today's 2012 LEA Training

The Provider Participation Agreement (PPA)/Annual Report (AR)

Questions

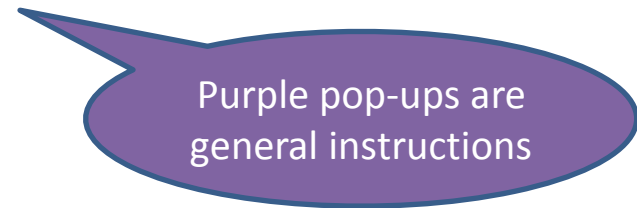
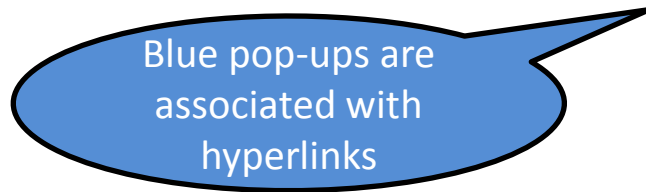


How to Complete the PPA/AR



What's New?

- Pop-up comments to help guide LEAs through the completion of the PPA/AR.
 - Pop-up comments are either blue or purple.



- The ? icon appears throughout the PPA/AR.
 - The ? are hyperlinks to websites to verify information.
- Billing Consortium Page has been added.
- Retroactive and Amendment for the Certification of State Matching Funds have been removed.
- The Annual Report Financial Statement Data layout has been revised. (Identified as Attachment 1A

Verifying Information

You can go to the California School Directory to retrieve the LEA Name, CDS Code, and Addresses.



<http://www.cde.ca.gov/re/sd/index.asp>

You can go to the National Plan and Provider Enumeration System (NPPES) website to verify your NPI Number and LEA Name.

<https://nppes.cms.hhs.gov/NPPES/Welcome.do>

Amador County Office of Education - School Directory Details (CA Dept of Education) Page 1 of 2

Change font sizes A A A



Home » Resources » School Directory » Search Results » Details

California School Directory

District: Amador County Office of Education

County	Amador
District	Amador County Office of Education
CDS Code	03.10033 0000000
Low Grade	K
High Grade	12
Web site	www.amadorcoe.org/
Phone Number	(209) 257-5353
Fax Number	(209) 257-5360
Charter	No
NCES/Federal District ID	0691001
District Address	217 Rex Ave. Jackson, CA 95842-2020 Yahoo Map
Mailing Address	217 Rex Ave. Jackson, CA 95842-2020
Superintendent	Dick Glock, Superintendent
Superintendent Phone	
Superintendent Email	djglock@amadorcoe.k12.ca.us
Status	Active
Effective Date	8/23/2007
District Type	County Office of Education (COE)
Statistical Info	Quick Link to DataQuest Reports
CDS Coordinator (Contact for Data Updates)	Greg McInturf 209-257-5307 E-mail Update Request


Back New Search

Submitting Corrections

District/County Office Personnel

LEAs may include these two sheets with the PPA/AR submission.

NPI Registry Provider Details Page 1 of 2



Home Help

[Back to Results](#)

Information for the Organization you selected is displayed. The NPI Registry data was last updated on 04/24/2012.

Some health care providers reported SSN or IRS ITIN information in sections of the NPI application that contain information that is required to be disclosed under FOIA. For example, an incorporated individual may have reported an SSN as the corporation. To protect the privacy of this individual, we have temporarily suppressed the EIN, and we have made an attempt to locate and remove SSN and IRS ITIN information from being displayed in any of the other information provided.

Organization Information:

Organization Name (LBN): **AMADOR COUNTY OFFICE OF EDUCATION**
EIN: <temporarily suppressed>
Organization Subpart: NO

Authorized Official Information:

Name: DR. MICHAEL CAREY
Title/Position: **SUPERINTENDENT**
Phone Number: 2092575353

NPI Information:

NPI: **1033275243**
Entity Type: 2-ORGANIZATION
Enumeration Date: 12/29/2008
Last Update Date: 06/13/2008
Replacement NPI:
Deactivation Date:
Reactivation Date:

Provider Business Mailing Address:

Address: 2777 DEL MONTE ST
WEST SACRAMENTO, CA 95601-3811
Phone Number: 9163751707
Fax Number:

Provider Business Practice Location Address:

Address: 217 REX AVE
JACKSON, CA 95842-2020
Phone Number: 2092234739
Fax Number:

Instructions for Completing the LEA PPA/ Annual Report

These instructions were developed to assist Local Educational Agencies (LEAs) in completing the LEA Medi-Cal Billing Option Program Provider Participation Agreement(PPA)/Annual Report(AR).

Print the instructions and use them to help you navigate through the tabs at the bottom of the page to assist with the completion of the PPA/AR

***Print each tab separately**

DO NOT revise the forms as they are considered a legally binding contract.

Use the tabs at the bottom of the page to navigate through the PPA/Annual Report

INSTRUCTIONS FOR COMPLETING THE LEA Medi-Cal Billing Option Program Provider Participation Agreement and LEA Medi-Cal Provider Enrollment Information Sheet

These instructions were developed to assist Local Educational Agencies (LEAs) in completing the LEA Medi-Cal Billing Option Program Provider Participation Agreement (PPA), the LEA Medi-Cal Provider Enrollment Information Sheet (MPEIS), LEA Consortium Billing Sheet, Certification of State Matching Funds for LEA Services, Annual Report Financial Statement Data, and the Statement of Commitment to Reinvest which are used to enroll LEAs in the LEA Medi-Cal Billing Option Program.

- ◇ LEA Website: <http://www.dhcs.ca.gov/provgovpart/Pages/LEA.aspx>
- ◇ DO NOT revise the forms as they are considered a legally binding contract.

This is a fillable document, all information must be typed, except where specifically notated.

Print the instructions and use them to help you navigate through tabs at the bottom of the page to assist with the completion of the PPA/Annual Report. **Print Each Tab Individually.**

Failure to submit the PPA by the due date will result in suspension from the LEA Medi-Cal Billing Option Program.

LEA Medi-Cal Provider Enrollment Information Sheet Instructions:


- ◇ **Date:** Type the signature date of the document.
- ◇ **Official LEA Provider Name:** Select the official name of your LEA as registered with California's Department of Education from the drop-down list.

Note: If the LEA Provider Name is selected from the drop-down list, the LEA Provider Name will

Instructions Medi-Cal Provider Info. Sheet Consortium Billing PPA Attachment 1 Attachment 1A Attachment 2

Ready Page: 1 of 6

Completing the PPA/AR



DHCS
TOBY DOUGLAS
DIRECTOR

State of California-Health and Human Services Agency
Department of Health Care Services
Local Educational Agency (LEA)
Medi-Cal Provider Enrollment Information Sheet
2012-2013 Fiscal Year

Date: _____

Official LEA Name: _____

☐ Check if new provider

(The LEA Name will populate throughout the entire document)

Doing Business As (DBA): _____

LEA Address

Check the appropriate box for the mailing address

LEA Administrative Office Address: _____

(NOT a Post Office box)

☐ Check if mailing address

Service Address _____

(NOT a Post Office box)


☐ Check if mailing address

Payment Address: _____

(Complete ONLY if different from the Administrative Office Address)


☐ Check if mailing address

LEA Contact Information



DHCS
TOBY DOUGLAS
DIRECTOR

State of California-Health and Human Services Agency
Department of Health Care Services
Local Educational Agency (LEA)
Medi-Cal Provider Enrollment Information Sheet
2012-2013 Fiscal Year



EDMUND G. BROWN JR.
GOVERNOR

Date: _____

Official LEA Name: _____

☐ Check if new provider

(The LEA Name will populate throughout the entire document)

Doing Business As (DBA): _____

DHCS-LEA Medi-Cal Billing Option Program:

Please make sure that your LEA name is correct, it will populate throughout the entire document. Select the LEA name from the dropdown list. If the LEA's name is not on the list, you will need to type the LEA name on the adjacent line.

Check the appropriate box for the mailing address

LEA Administrative Office Address: _____

(NOT a Post Office box)

☐ Check if mailing address

Service Address _____

(NOT a Post Office box)

☐ Check if mailing address

Payment Address: _____

(Complete ONLY if different from the Administrative Office Address)

☐ Check if mailing address

LEA Contact Information

Medi-Cal Provider Enrollment Information Sheet

- This sheet provides updated information for DHCS to update the Provider Master File.
- Medi-Cal Provider Enrollment Information Sheet must accompany all PPA/ARs.
- The information on this sheet must be accurate.



State of California Health and Human Services Agency
Department of Health Care Services
Local Educational Agency (LEA)
Medi-Cal Provider Enrollment Information Sheet
2012-2013 Fiscal Year



Date:

Official LEA Name:

☐ Check if new provider

(The LEA Name will populate throughout the entire document)

Doing Business As (DBA):

LEA Address

Check the appropriate checkboxes for the mailing address

LEA Administrative Office Address:

(NOT a Post Office box)

☐ Check if mailing address

Service Address

(NOT a Post Office box)

☐ Check if mailing address

Payment Address:

(Complete ONLY if different from the Administrative Office Address)

☐ Check if mailing address

LEA Contact Information

Primary Contact Name:

Contact Title:

Telephone Number:

Fax Number:

Email Address:

Secondary Contact Name:

Secondary Email Address:

LEA Identification Codes

California School Directory (CDS) Code:

National Provider Identification (NPI) Number:

(This field will populate throughout the entire document)

LEA Federal Employer Identification Number (EIN):

LEA Authorization

Signature of Authorized Representative:

Typed or Printed Name of Authorized Representative:

Typed or Printed Title of Authorized Representative:

DHCS USE ONLY

Medi-Cal Provider Number:


Effective Date:

Date Added:

Medi-Cal Provider Enrollment Information Sheet


Official LEA Name

- Pick the LEA Name from the drop-down box.
- If the LEA Name is not on the drop-down list, enter the LEA Name in the designated cell.
- Check this box if the LEA is a new provider.



DHCS
TOBY DOUGLAS
DIRECTOR

State of California-Health and Human Services Agency
Department of Health Care Services
Local Educational Agency (LEA)
**Medi-Cal Provider Enrollment Information Sheet
2012-2013 Fiscal Year**



EDMUND G. BROWN JR.
GOVERNOR

Date: _____

Official LEA Name: ?

☐ Check if new provider
(The LEA Name will populate throughout the entire document)

Doing Business As (DBA): _____


LEA Address
Check the appropriate box for the mailing address

LEA Administrative Office Address:
(NOT a Post Office box)
☐ Check if mailing address

Service Address
(NOT a Post Office box)
☐ Check if mailing address


Payment Address:
(Complete ONLY if different from the Administrative Office Address)
☐ Check if mailing address

ABC Unified School District
Academia Moderna
Acalanes Union High School District
Adelanto School District
Alameda City Union School District
Alameda County Office of Education
Alhambra Unified School District



DHCS
TOBY DOUGLAS
DIRECTOR

State of California-Health and Human Services Agency
Department of Health Care Services
Local Educational Agency (LEA)
**Medi-Cal Provider Enrollment Information Sheet
2012-2013 Fiscal Year**



EDMUND G. BROWN JR.
GOVERNOR

Date: _____

Official LEA Name: ?

☒ Check if new provider
(The LEA Name will populate throughout the entire document)

Doing Business As (DBA): _____

LEA Address
Check the appropriate box for the mailing address

LEA Administrative Office Address:
(NOT a Post Office box)
☐ Check if mailing address

Service Address
(NOT a Post Office box)
☐ Check if mailing address

Payment Address:
(Complete ONLY if different from the Administrative Office Address)
☐ Check if mailing address

Department of Health Care Services
School District

Medi-Cal Provider Enrollment Information Sheet

Address

- Enter the address
 - LEA Administrative Office
 - Where LEA claims are prepared and documents are maintained
 - Service Address
 - Where LEA services are rendered.
 - Payment Address
 - Where LEA payments are received.
- Check the appropriate box to indicate the mailing address.
- If all of the addresses are the same, there is no need to enter it more than once.

LEA Address	
Check the appropriate box for the mailing address	
LEA Administrative Office Address: (NOT a Part Office box)	_____
<input type="checkbox"/> Check if mailing address	_____
Service Address (NOT a Part Office box)	_____
<input type="checkbox"/> Check if mailing address	_____
Payment Address: (Complete ONLY if different from the Administrative Office Address)	_____
<input type="checkbox"/> Check if mailing address	_____
LEA Contact Information	
Primary Contact Name:	_____
Contact Title:	_____
Telephone Number:	_____
Fax Number:	_____
Email Address:	_____
Secondary Contact Name:	_____
Secondary Email Address:	_____

Contact Information

- Enter the contact information for the individual responsible for administering the LEA Medi-Cal Billing Option Program.

Medi-Cal Provider Enrollment Information Sheet

Identification Codes

➤ California School Directory (CDS) Code

- 14 digit code for each school registered with the Department of Education (CDE).

➤ National Provider Identification Number (NPI)

- 10 digit number use to process administrative and financial transactions.

➤ LEA Federal Identification Number (EIN)

- 9 digit federal ID on record with the IRS.

LEA Authorization

➤ Authorized Representative

- The person who is legally authorized to bind contracts for the LEA.

LEA Identification Codes	
California School Directory (CDS) Code:	?
National Provider Identification (NPI) Number: <small>(This field will populate throughout the entire document)</small>	?
LEA Federal Employer Identification Number (EIN):	
LEA Authorization	
Signature of Authorized Representative:	
Typed or Printed Name of Authorized Representative:	
Typed or Printed Title of Authorized Representative:	
DHCS USE ONLY	
Medi-Cal Provider Number :	
Effective Date:	
Date Added:	

LEA Medi-Cal Provider Enrollment
Information Sheet

Page 1 of 1

06/01/2012

LEA Billing Consortium

LEA Billing Consortium

- This form is required when more than one LEA is billing under the same NPI number.
- Enter the LEA Name, Service Address, and CDS code for each LEA in the consortium.
- If you are unsure of the requested information, click on the ? to go to the California School Directory.



State of California-Health and Human Services Agency
Department of Health Care Services
Local Educational Agency (LEA)
Consortium Billing
2012-2013 Fiscal Year



* Enter the LEA name, service address, and CDS Code for each LEA billing under the NPI number provided. Print additional pages if needed.

The following LEAs are part of Department of Health Care Services School District
consortium and bill under NPI # 1234567890

1

LEA Name
LEA Service Address
CDS Code:

6

LEA Name
LEA Service Address
CDS Code:

2

LEA Name
LEA Service Address
CDS Code:

7

LEA Name
LEA Service Address
CDS Code:

3

LEA Name
LEA Service Address
CDS Code:

8

LEA Name
LEA Service Address
CDS Code:

4

LEA Name
LEA Service Address
CDS Code:

9

LEA Name
LEA Service Address
CDS Code:

5

LEA Name
LEA Service Address
CDS Code:

10



LEA Name
LEA Service Address
CDS Code:

Questions



Provider Participation Agreement (PPA)

- The PPA is a legally binding contract. DHCS will only accept a PPA for the current Fiscal Year.
- Effective Agreement Period is the Fiscal Year the PPA is valid.
- DHCS may revise the PPA each year in accordance with changes in the State Plan and legislation.

 TOBY DOUGLAS DIRECTOR	State of California-Health and Human Service Agency Department of Health Care Services Local Educational Agency (LEA) Medi-Cal Billing Option Program PROVIDER PARTICIPATION AGREEMENT	 EDMUND G. BROWN JR. GOVERNOR
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1234567890
National Provider Identification Number

Official LEA Provider Name:	<input type="text"/>	Effective Agreement Period:
<u>Department of Health Care Services School District</u>		<u>July 1, 2012- June 30, 2013</u>

ARTICLE I – STATEMENT OF INTENT

The purpose of this contract is to permit qualified Local Educational Agencies (LEAs) to participate as providers of services under the State Medicaid program, Medi-Cal. This contract sets out responsibilities relative to participation in the LEA Medi-Cal Billing Option Program. The mutual objective of the California Department of Health Care Services, The California Department of Education, and the Local Educational Agency is to improve access to needed services for children.

ARTICLE II – LEA PROVIDER RESPONSIBILITIES

By entering into this agreement, the LEA Provider shall:

1

Instructions Medi-Cal Provider Info. Sheet Consortium Billing PPA Attachment 1 Attachment 1A Attachment 2

Provider Participation Agreement: Execution

- **First Authorized Representative**
 - The first authorized representative is the individual who is legally authorized to bind contracts for the LEA. This should be the Superintendent, Assistant Superintendent or Authorized business official.
- **Second Authorized Representative**
 - Type the name and title of the person who is responsible for reporting the financial information on the PPA/AR for the LEA.
- Sign this document in **BLUE** ink.
- Representatives from CDE and DHCS will complete the shaded portion of this agreement.



State of California-Health and Human Service Agency
Department of Health Care Services
Local Educational Agency (LEA)
Medi-Cal Billing Option Program
PROVIDER PARTICIPATION AGREEMENT



ARTICLE V – EXECUTION

I certify that the information contained in this Provider Participation Agreement is a true and correct accounting of the Local Educational Agency's participation in the LEA Medi-Cal Billing Option Program. This agreement shall be deemed duly executed and binding upon execution by all Parties below:

Official LEA Provider Name: <u>Department of Health Care Services School District</u>	
<u>John Smith</u> Name of the First Authorized Representative <small>(Person legally authorized to bind contracts for the LEA Superintendent, Assistant Superintendent, Business Official)</small>	<u>Jane Lindsey</u> Name of the Second Authorized Representative <small>(Authorized Fiscal/Business Official)</small>
<u>Superintendent</u> Title of the First Authorized Representative	<u>Business Service Director</u> Title of the Second Authorized Representative
_____ Signature of the First Authorized Representative	_____ Signature of the Second Authorized Representative (if
_____ Date	_____ Date
STATE OF CALIFORNIA DEPARTMENT OF EDUCATION	STATE OF CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
_____ Signature of the CDE Authorized Representative	_____ Signature of the DHCS Authorized Representative
_____ Typed or Printed Name of the CDE Authorized Representative	_____ Typed or Printed Name of the DHCS Authorized Representative
	SNFD, Chief

Attachment 1:

Certification of State Matching Funds For LEA Services

- Enter the amount your LEA has budgeted in the current fiscal year to fund the activities covered by the LEA Medi-Cal Billing Option Program. **This line must include a dollar figure greater than \$0.**
- Sign this document in **BLUE** ink.

DHCS State of California-Health and Human Services Agency
Department of Health Care Services
CERTIFICATION OF STATE MATCHING FUNDS FOR LEA SERVICES
(LEA Program Provider Participation Agreement: ATTACHMENT 1)

TOBY DOUGLAS DIRECTOR **EDMUND G. BROWN JR.** GOVERNOR

1234567890
National Provider Identification

In accordance with the California Code of Regulations ([CCR § 51270](#)), Local Educational Agencies (LEAs) are required to certify a specific amount available in non-federal matching funds to participate in the LEA Medi-Cal Billing Option Program. The Local Educational Agency (LEA):

Department of Health Care Services School District
has **\$ 62,574.00** available in non-federal, certified public, LEA Medi-Cal Billing Option Program eligible funds to finance LEA Program activities for the fiscal year beginning **July 1, 2012** and ending **June 30, 2013**. These funds will be matched through the LEA Program claiming process to receive an equal amount of federal Medicaid funds.

This also certifies that once the LEA named above has received reimbursement from Medicaid in the amount set forth above, billings from this LEA shall cease until such time as it is re-certified that additional matching funds are available.

The undersigned is authorized to enter into this agreement on behalf of named School District/LEA; therefore, the School District/LEA is bound to the terms and conditions contained herein.

Signature of Authorized Representative _____ Date: _____
Jane Lindsey
Name of the Authorized Representative
Business Services Director
Title of the Authorized Representative

Instructions Medi-Cal Provider Info. Sheet Consortium Billing PPA Attachment

Attachment 1A: Annual Report Financial Statement Data



State of California-Health and Human Services Agency
Department of Health Care Services
**ANNUAL REPORT FINANCIAL STATEMENT DATA
FOR PRIOR YEAR CLAIMING**



PHILIP C. BROWN JR.
GOVERNOR

(LEA Provider Participation Agreement: Attachment 1A)

July 1, 2011 – June 30, 2012
(LEA Medi-Cal Billing Option Revenue Only)

1234567890

Relational Provider Identification Number

The Local Educational Agency (LEA):

Department of Health Care Services School District

☒ Check if new provider

Total LEA dollars received during fiscal year 2011-2012	(a)	\$150,896.00
Unspent LEA funds from previous fiscal year(s)	(b)	\$42,897.00
Total Revenue (lines a + b)	(c)	\$193,793.00

Reinvestment Expenditures made during 2011-2012, regardless of year the revenue was received:

	Code	Total
Certificated Salaries	1000-1999	\$35,894.00
Classified Salaries	2000-2999	\$45,987.00
Employee Benefits	3000-3999	\$31,852.00
Books and Supplies	4000-4999	\$16,891.00
Services, Other Operating Expenses	5000-5999	
Capital Outlay	6000-6999	
Other Outgo	7100-7699	

Total Expenditures (d) \$141,516.00

Ending Balances as of June 30, 2012 (e) \$52,777.00

Anticipated service funding priorities of the LEA Medi-Cal Collaborative for use of unexpended revenue (Ending Balance as of June 30, 2012) - List Program Service Items: ?

Attachment 2: Statement of Commitment to Reinvest

- The LEA Collaborative makes decisions regarding the reinvestment of LEA Medi-Cal Billing Option Program funds.
- Describe the role of the collaborative by stating how reinvestment decisions are made, and the planned frequency of meetings.
- Enter the anticipated funding priorities for LEA funds for the current fiscal year.
- Reinvestment of LEA funds cannot be used to pay for contingency fee contracts.



Note: If the collaborative has not yet developed an infrastructure, please do so in order to answer these required questions. Leaving this area blank or answering "not applicable" is not an acceptable response.

The Local Educational Agency (LEA):

Department of Health Care Services

hereby certifies that:

- 1) A local collaborative has been formed;
- 2) The local collaborative will include among its representatives the decision making process regarding the reinvestment of funds made available through participation in the LEA Medi-Cal Billing Option Program; and
- 3) The reinvestment of funds will remain within the school-linked support services identified in provision seven (7) of the LEA Program Provider Participation Agreement.

As specified in the Local Educational Agency (LEA) Medi-Cal Billing Option Program Provider Participation Agreement (PPA), LEAs participating in the Medi-Cal Billing Option Program must submit an LEA Annual Report describing their collaborative, service priorities, and reinvestment expenditures each Fiscal Year (FY). Please describe the role of the collaborative by answering how reinvestment decisions are made, and the planned frequency of meetings.

1. Description of LEA Medi-Cal Collaborative decision making process and

a. How are LEA Medi-Cal Collaborative decisions made? (Check one)

☐ Consensus ☐ Majority Vote
☐ Other

b. What is the frequency of LEA Medi-Cal Collaborative meetings? (Check

☐ Monthly ☐ Every Other Month
☐ Quarterly ☐ Annually
☐ Other

2. Anticipated service funding priorities of the LEA Medi-Cal Collaborative for fiscal year 2012-2013
(This describes plans for the potential use of Medi-Cal reimbursement that your LEA ~~has~~ received yet):

List Program Service Items:

Attachment 2A: Statement of Commitment to Reinvest- LEA Collaborative Partners

- The LEA collaborative should consist of at least three representatives from differing agencies/interests.
- It is a conflict of interest to include vendors, billing agents, or any person that receives a fee-for -service as part of an LEA collaborative.
- The members of the collaborative should be outlined in the LEAs bylaws.
- Only include voting members of the collaborative on this sheet.



State of California-Health and Human Services Agency
Department of Health Care Services
STATEMENT OF COMMITMENT TO REINVEST
Program Provider Participation Agreement: ATTACHMENT 2A



EDWARD C. BROWN
GOVERNOR

1234567890
National Provider Modification Number

The Local Educational Agency (LEA):

Department of Health Care Services School District

Signatures of the local collaborative partners below indicate an understanding of and commitment to the statement of commitment to reinvest outlined in Attachment 2.

**Note: The interagency collaborative shall consist of at least three individuals with varying interest in the reinvestment of funds for the LEA Program. The collaborative membership shall involve, representative from the schools, public agencies serving children and families, parent groups of pupils of qualifying schools, community representatives, and private partners. Additional examples of collaborative partners can be found in section 9 of the PPA and section 8806 of the California Education Code. (Print additional pages if needed)*

LEA INTERAGENCY COLLABORATIVE PARTNERS

Date	
Name of Collaborative Partner	
Title of Collaborative Partner	
Organization of Collaborative Partner	
Signature of Collaborative Partner	

Date	
Name of Collaborative Partner	
Title of Collaborative Partner	
Organization of Collaborative Partner	
Signature of Collaborative Partner	

Date	
Name of Collaborative Partner	
Title of Collaborative Partner	
Organization of Collaborative Partner	
Signature of Collaborative Partner	

Final Checklist

- Please use the checklist, it identifies everything that needs to be included in your submission.
- You are submitting the correct version of the PPA: DHCS 06/01/12.
- All of the items on the checklist are included in packet.
- You DO NOT revise the PPA or any of the attachments as they are considered a legally binding contract.
- All required signatures on the documents are original and are in **BLUE** ink.

CHECKLIST FOR SUBMITTING THE LEA Medi-Cal Billing Option Program Provider Participation Agreement & Annual Report

FINAL CHECKLIST:

Please ensure:

- ❖ You are submitting the correct version of the FPA: DHCS 06/01/12.
- ❖ You **DO NOT** revise the PPA, the MPEIS, or any of the attachments as they are considered a **legally binding contract**.
- ❖ The entire enrollment application is complete.
 - ☐ Medi-Cal Provider Enrollment Information Sheet (MPEIS)
 - ☐ Consortium Billing (if Applicable)
 - ☐ Provider Participation Agreement (PPA)
 - ☐ Article V – PPA Signature Execution
 - ☐ Current Year Certification of State Matching Funds (Attachment 1)
 - ☐ Annual Report Financial Data (Attachment 1A)
 - ☐ Statement of Commitment to Reinvest (Attachment 1A)
 - ☐ LEA Collaborative Partners (Attachment 2A)
- ❖ All required signatures on the documents are original and are in BLUE ink.
- ❖ All information is printed or typed, except where specifically noted.
- ❖ Attachments 1, and 1A where applicable.
- ❖ You make a copy of the entire Enrollment Package to keep on file with your LEA; remember, these forms describe your program responsibilities as a Medi-Cal provider. If a copy of this PPA is needed in the future, please forward your request to FEDCarr@dhcs.ca.gov. Please include the NPI number, LEA, and fiscal year of the PPA.
- ❖ You send the enrollment package, with original signatures, to the California Department of Education (CDE) who must certify that the applicant is a Local Educational Agency under the California Education Code, Section 33509(e) and that the Collaborative conforms to the examples specified in the California Education Code, commencing with sections 8800 and 8806; and the Welfare and Institutions Code, commencing with Section 10000. The address is below:

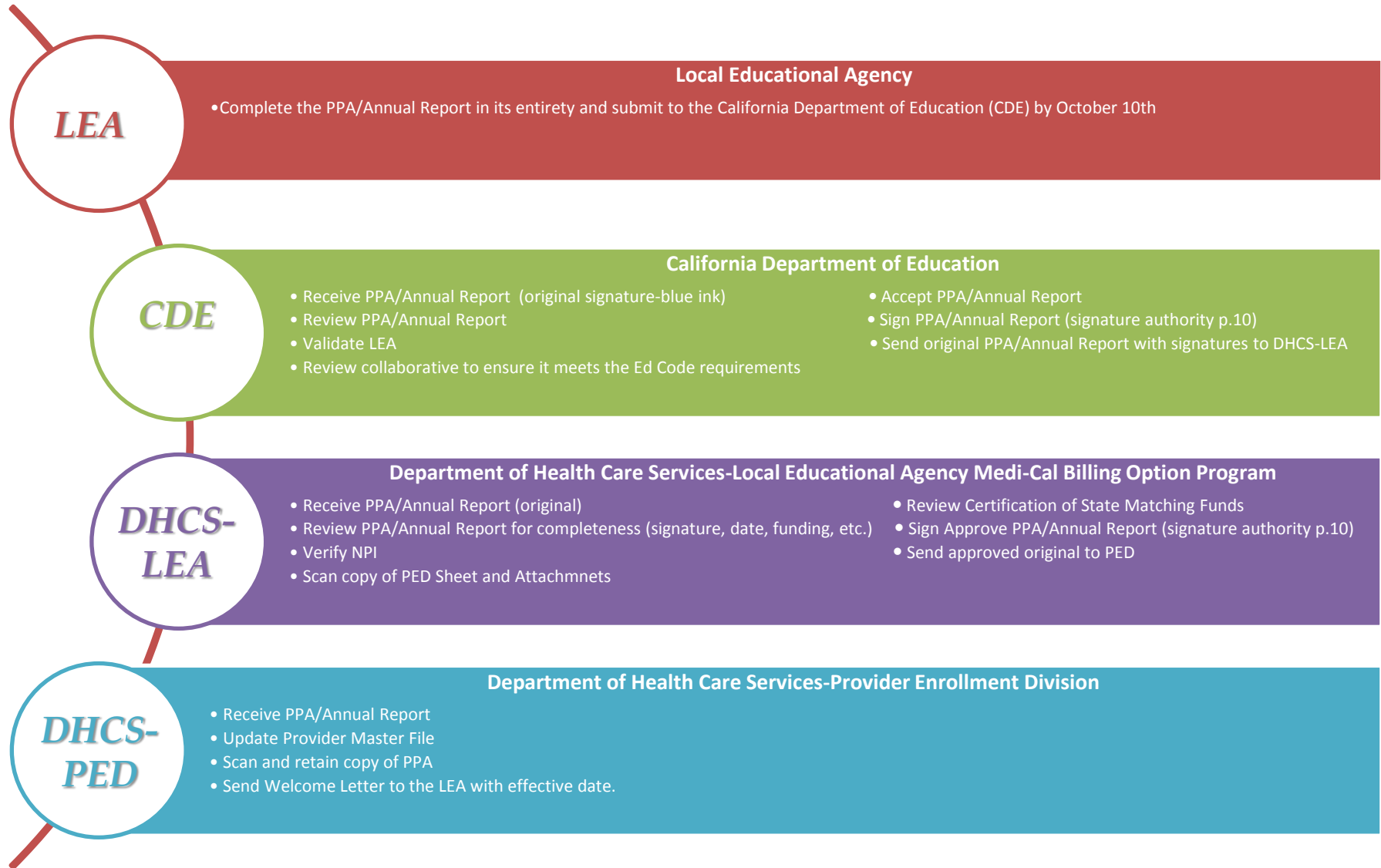
Mail PPA/Annual Report to:

California Department of Education
Coordinated School Health & Safety Office
Attn: Shalonn Woodard
1430 N Street, Suite 6408
Sacramento, CA 95814

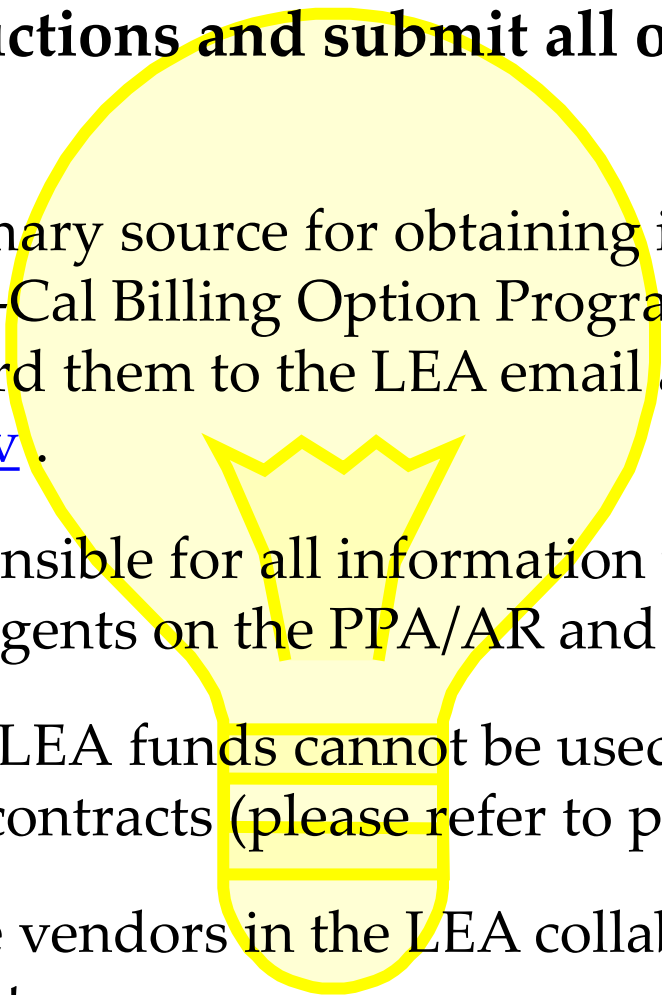
Department of Education
Health & Safety Office
10 Woodard
6408
Ft. Bragg, CA 95814
197 - FAX: (916) 445-7367

and approved by the California Department of Education
Department of Health Care Services (DHCS) for secondary review.
DHCS, these forms, and the information contained therein, will
be (PMF). It is important to complete this form accurately to
service is properly processed.

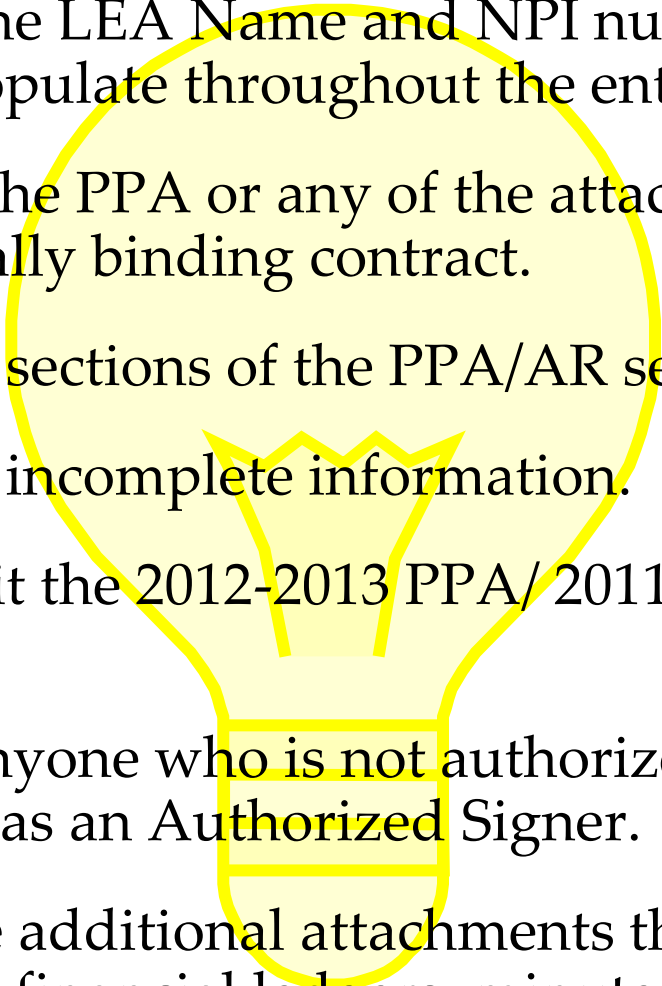
PPA/Annual Report Flow Chart



Remember

- 
- **Read the instructions and submit all of the items on the checklist.**
 - DHCS is the primary source for obtaining information related to the LEA Medi-Cal Billing Option Program. If you have questions, forward them to the LEA email at LEA@dhcs.ca.gov.
 - The LEA is responsible for all information reported by vendors/billing agents on the PPA/AR and CRCS.
 - Reinvestment of LEA funds cannot be used to pay for contingency fee contracts (please refer to page 3 of the PPA).
 - DO NOT include vendors in the LEA collaborative, it is a conflict of interest.

Remember

- 
- Make sure that the LEA Name and NPI number are correct, they will auto-populate throughout the entire document.
 - DO NOT revise the PPA or any of the attachments as they are considered a legally binding contract.
 - DO NOT submit sections of the PPA/AR separately.
 - DO NOT submit incomplete information.
 - LEAs may submit the 2012-2013 PPA/ 2011-2012 AR as early as July 31, 2012.
 - DO NOT have anyone who is not authorized to bind contracts for the LEA sign as an Authorized Signer.
 - DO NOT include additional attachments that are not part of the PPA/AR (eg., financial ledgers, minutes from collaborative meeting).

LEA Participation Annual Requirements

- Effective FY 2011/12, LEAs must **annually** re-apply for LEA Program participation :
 - Submit an LEA PPA (which includes Annual Report requirements) to CDE
 - Due October 10th of each fiscal year

Questions



Medi-Cal Eligibility Requests and Tape Match Requirements

Option 1: Order eligibility tape match record

- DHCS revising data input and output fields
- Submit/receive minimum information necessary
- LEA must submit Data Use Agreement (DUA) by November 30, 2012 and abide by the attachments contained within the DUA (Data File; Security Controls; Notification of Breach; Social Security Administration Information Exchange Agreement)
- DUA resubmitted every two years by November 30th
- The DUA and attachments will be available on the LEA web site on July 1, 2012.

Medi-Cal Eligibility Requests and Tape Match Requirements

Option 2: Order eligibility information via Medi-Cal web portal

- LEA must be a registered provider with a valid NPI
- Call Telephone Service Center (TSC) at 1 (800) 541-5555 to get started
- LEA must submit a Medi-Cal Point of Service Network/Internet Agreement
<http://www.medi-cal.ca.gov/signup.asp> and establish a PIN
- LEA must have participant Benefits Identification Card (BIC) number to establish eligibility match

Announcement: FY 2009/10 CRCS Resubmission

FY 2009/10 CRCS Resubmission

- DHCS identified two CRCS reporting issues regarding:
 - Federally funded FTEs and hours
 - “All qualified” practitioners
- LEAs will have the option to resubmit their FY 2009/10 CRCS
 - A&I will accept original CRCS submission otherwise
- Optional Resubmission Due Date
 - November 30, 2012
- All supporting documentation must be maintained for at least three years from the date of FY 2009/10 CRCS submission/resubmission
- Additional CRCS resubmission detail and updated CRCS form will be posted on the LEA website

FY 2009/10 CRCS Resubmission

LEAs will receive an email when the 2009/10 CRCS Resubmission is posted on the website.

The 2009/10 CRCS Resubmission forms and information will be posted in this section on the LEA website .

Local Educational Agency Medi-Cal Billing Option - Windows Internet Explorer

http://www.dhcs.ca.gov/provgovpart/Pages/LEA.aspx

Convert Select

Local Educational Agency Medi-Cal Billing Option

Home > Providers & Partners > Local Educational Agency Medi-Cal Billing Option

Local Educational Agency Medi-Cal Billing Option

The Local Educational Agency (LEA) program provides the federal share of reimbursement for health assessment and treatment for Medi-Cal eligible children and family members within the school environment. An LEA provider (generally a school district or county office of education) employs or contracts with qualified medical practitioners to render certain health services.

Getting Started: Informs new and existing providers of LEA Medi-Cal Billing Option Program Requirements and quick links to required documents.

The LEA Medi-Cal Billing Option Program will be conducting a webinar training on May 9, 2012. Please click on the LEA Training link to register.

Program Information	Publications & Bulletins
<ul style="list-style-type: none">→ Program Description→ FAQ's (PDF)→ Glossary of Terms→ LEA Related Programs	<ul style="list-style-type: none">→ LEA FYI - For Your Information→ LEA Provider Bulletins→ LEA Paid Claims Data Reports→ LEA - Reports to the Legislature→ Workgroup Meeting Summaries
Manuals & Training	Policies & Legislation
<ul style="list-style-type: none">→ LEA Billing Option Program Training→ CRCS Training→ Provider Manual→ Prescription, Referral, and Recommendation Requirements (PDF)	<ul style="list-style-type: none">→ California Laws and Regulations→ Federal Laws and Regulations→ Policy and Procedure Letters
Tools & Templates	Contact Information
<ul style="list-style-type: none">→ PPA/LEA Annual Report→ Cost and Reimbursement Comparison Schedule (CRCS)→ LEA Targeted Case Management Labor Survey	<ul style="list-style-type: none">→ LEA Program Email: LEA Policy Questions→ LEA Audits & Investigations Email: CRCS Questions→ Update LEA Contact Information→ LEA Program Contact Information→ Email Subscription Service

QUICK LINKS

- About DHCS
- Apply for Medi-Cal
- Decisions
- Health Care Services A-Z Index
- HIPAA
- Legislative and Governmental Affairs
- Medi-Cal Procurements
- Newsroom
- Privacy

RELATED LINKS

- California Health and Human Services Agency
- Office of the Governor

Federally Funded FTEs and Hours

Original FY 2009/10 CRCS

Instructions:

Include all expenditures and federal revenues removed in Worksheet A.1/B.1

Include all federally funded FTEs (regardless if they could spend time providing services)

Issue:

Diluted the percentage of time estimates and understates practitioner costs for federally funded practitioners

FY 2009/10 CRCS Resubmission

Instructions:

Include all expenditures and federal revenues removed in Worksheet A.1/B.1

Include federally funded FTEs (or portion of FTEs) if their time is not dedicated to the federal program

Resolution:

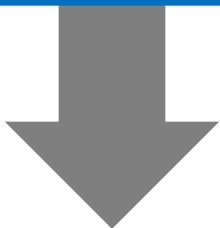
Calculates the percentage of time estimates and practitioner costs based on FTEs that could spend time providing services (regardless of funding)

“All Qualified” Practitioners

Original FY 2009/10 CRCS

Instructions:

Include all qualified practitioners employed by the LEA, regardless of whether or not they provided LEA services to Medi-Cal beneficiaries



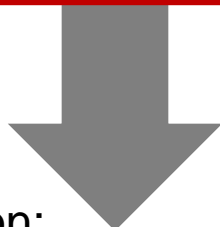
Issue:

Definition of “all qualified” practitioners was subject to LEA interpretation

FY 2009/10 CRCS Resubmission

Instructions:

Include all qualified district employed practitioners billing LEA reimbursable services in the LEA Medi-Cal Billing Option Program



Resolution:

Redefines the practitioner pool to include only qualified and billing LEA practitioners (must meet credential/licensing and supervision requirements)

Process for Resubmitting FY 2009/10 CRCS

1

Download the updated FY 2009/10 CRCS form from the LEA website after 6/15/12

<http://www.dhcs.ca.gov/provgovpart/Pages/LEA.aspx>

2

Complete the FY 2009/10 CRCS form based on the updated reporting requirements to resolve the federally funded and “all qualified” practitioner issues

Updated instructions on the FY 2009/10 CRCS form are **bolded**, *italicized* and underlined.

3

Save the electronic files with the following required file naming convention
Example: FY0910.1234567890.BusinessLEAName.11.15.2012 .CRCSResubmission.xls

Fiscal Year

National Provider
Identifier (NPI) Number

**Business LEA
Name**

Resubmission Date:
Format (MM.DD.YYYY)

“CRCSResubmission”

4

Submit the following electronic files no later than November 30, 2012 to
LEA.CRCS.Submission@dhcs.ca.gov

Excel file (all worksheets) and scanned copy of the original signed completed CRCS
(i.e., PDF, JPEG, etc.)

CRCS Resources

- CRCS Submission Questions:
 - Email LEA.CRCS.Submission@dhcs.ca.gov
- CRCS Questions:
 - Email LEA.CRCS.Questions@dhcs.ca.gov
- General LEA Program Questions:
 - Email LEA@dhcs.ca.gov

Questions

